

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 20 08

GENERAL INFORMATION

	Walle W. Builell		
2.	Title Argenta Township Justice of	the Peace	COMPLETED ON ON ETHICS
3.	Mailing address 315 S. Humboldt St.		
	Battle Mountain, NV	89820	
4.	Length of residence in Nevada 47 Years		
5.	County in which you are registered to vote Lan		
6.	Length of residence in the county in which you are	registered to vote 47 Years	
	COMPENSATION FOR EXTI	RA-JUDICIAL ACTIVITII	ES
7.	Disclose the date, place, and nature of any extra-jud name of the payor, and the amount of the compensation sheets if necessary. Date None None	on so received. See Canon 41(2)(a)(ed compensation, the ii). Attach additional Amount
	INCO	<u>ME</u>	
8.	Disclose each source of income received by you and I age or older. No listing of individual clients, custome sources should be disclosed under a general heading su Attach additional sheets if necessary. Source of Income	rs, or patients is required. Income ich as "professional services." See	
	·	Recipient	
	Lander County Salary/Services(weddi	ngs) Self	
	Sierra Pacific Power/NV Energy	Spouse	
-	Waddell & Reed	Self/Spous	e
-	Wells Fargo	Self/Spouse	
	Bank of America	Self/Spouse	

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GENERAL INFORMATION

1.	Name Max W. Bunch	
2.	Title Argenta Township Justice o	f the Peace
3.	Mailing address 315 S. Humboldt St.	
	Battle Mountain, NV 8	9820
4.	Length of residence in Nevada 47 Years	
5.	County in which you are registered to vote La	ender
6.	Length of residence in the county in which you are re	egistered to vote 47 Years
	COMPENSATION FOR EXTR	A-JUDICIAL ACTIVITIES
7.	Disclose the date, place, and nature of any extra-judi- name of the payor, and the amount of the compensation sheets if necessary.	cial activity for which you received compensation, the a so received. See Canon 41(2)(a)(ii). Attach additional
	Date Nature and Place of Ac	tivity Name of Payor Amount
	None	
	INCOM	<u>1E</u>
8.	Disclose each source of income received by you and be age or older. No listing of individual clients, customer sources should be disclosed under a general heading su Attach additional sheets if necessary.	s, or patients is required. Income received from such
	Source of Income	Recipient
	Horizon Gold	Self/Spouse
	FMC Corporation	Self/Spouse
	Greater NV Federal Credit Union	Self/Spouse
	Farmers Newlife	Self/Spouse
	Vanguard	Spouse

REAL PROPERTY

9.	beneficial interest, and is located in are required – list the street address	re, and particular use of any real estate wonal residence, in which you or a member Nevada or any adjacent state. See Canon or legal description. You must designated, commercial building, apartments, sind.	of your household has a legal or $4I(2)(a)(iv)$. Specific addresses a whather the property is unif-
	additional sheets if necessary. Specific Location	Nature/Particular Use	
	None	Hallies as the later of the second	Interest Holder
		CREDITORS	
	Name of Creditor Greater NV Federal Cred	ne for which a security interest in a motor designee. See Canon 4I(2)(a)(v). Attach it Union Max & Lesley	additional sheets if necessary. Name of Debior
	Ŀ	BUSINESS ENTITIES	
	List each business entity in which you of trust, director, officer, owner (in whole	or a member of your household is involved or in part), limited or general partner, or h	
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GIFTS, BEQUESTS, FAVORS, OR LOANS

	Name and Place of Gift	Name of Donor	Amou
	None		

HEREBY CERTIFY THA	T THE INFORMATION CONTAINED IN THIS	DOCUMENT IS TRUE AND COMPL	ETU
		THOIR	.E16. -∦
3/17/09	W4.		1
Date		Signature	<u> </u>
		3151111111	

State Court Administrator Administrative Office of the Courts

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